



K A N S A S

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

Dear Health Care Professional:

Mother's milk is the preferred food for infants. If infant formula becomes necessary, only certain formulas are generally available through the WIC Program. The Kansas WIC Program provides Enfamil w/Iron, Enfamil Lipil w/Iron, Enfamil Lactofree Lipil, Prosobee, or Prosobee Lipil formula for healthy infants from birth through twelve months of age whose mothers choose not to breastfeed or who partially breastfeed. A contract with the Mead Johnson Company for these formulas provides a special price that will help the WIC Program serve more woman, infants and children in Kansas.

Medical conditions may require the use of a special formula for infants, children and women. Federal regulations require documentation describing the medical condition that supports the use of other products. The WIC Program has a list of products that may be issued as "special formulas" to WIC clients. If you would like a copy of the approved products, contact the State WIC Agency at (785) 296-1320. If an infant, child, or a pregnant, breastfeeding or postpartum woman in your care requires a special formula, complete and sign the form on the reverse side of this letter. The request for a special formula must be renewed each WIC certification period. Infants are usually certified until their first birthday. Certification periods for women and children are generally 6 months. A new form is required anytime the special formula is changed.

The American Academy of Pediatric, Committee on Nutrition states there are no known medical contraindications to using iron-fortified formulas in formula-fed infants [Pediatrics. 1999, pp 119-123]. In support of the above statement, the Kansas WIC Program will only provide low iron formula in extremely rare circumstances and only for specific conditions.

Thank you for your cooperation and interest in good nutrition. Please call your local WIC clinic, if you would like further information on requesting special formulas

DIVISION OF HEALTH
Bureau for Children, Youth & Families
Nutrition & WIC Services
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 220, TOPEKA, KS 66612-1274
Voice 785-296-1320 Fax 785-296-1326 http://www.kdhe.state.ks.us/nws_wic/index.html

KANSAS WIC SPECIAL FORMULA ISSUANCE

Client Name	Date of Birth
Parent/Guardian Name	
Formula (brand name of the formula requested)	
The diagnosis must support the issuance of the formula requested.	
<p><u>ACCEPTABLE DIAGNOSES</u> (circle one)</p> <p>Severe symptoms of intolerance that resolved with the requested formula. (Specify: chronic diarrhea, persistent vomiting, persistent dermatological condition, persistent respiratory conditions, other _____)</p> <p>Metabolic disorder. Specify _____</p> <p>Inborn error of amino acid metabolism. Specify _____</p> <p>GI disorder, including malabsorption syndromes. Specify _____</p> <p>Allergy, including family history of severe allergies. (Specify: milk, soy, corn, lactose intolerance, other _____)</p> <p>Complications of prematurity</p> <p>Other diagnosis _____</p>	<p>Please note: The Kansas WIC Program will not authorize issuance for:</p> <p>Nonspecific symptoms, such as intolerance, fussiness, gas, spitting up, constipation or colic.</p> <p>Baby doing well on (<u>formula name</u>); or</p> <p>A preference for a specific formula.</p>
Daily Amount Required. (WIC is a supplemental program and may not be able to issue all requested.)	Length of Time Formula Required

Physician's Signature	Date
Physician's Name	<div style="display: flex; justify-content: space-between;"> Telephone Fax </div>

Local WIC Agency		WIC OFFICE USE ONLY		
Telephone	Fax	1 st month of issuance	Last month of issuance	Next certification date
Address		CPA signature		Date